

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT  
(ANNUAL)**☒ ORIGINAL REPORT☐ AMENDED REPORTThis Report Covers Calendar Year: 2011


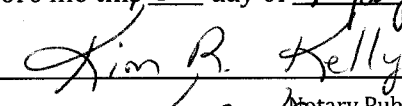
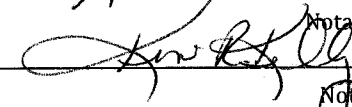
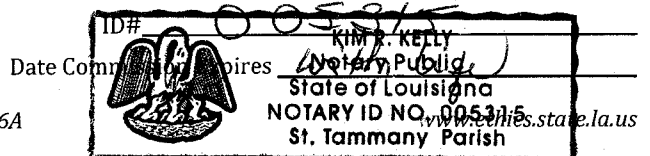
☐ I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement.  
As such, I have completed SCHEDULE L.

Office/Position Held: Coroner, St. Tammany ParishName of Filer (print full name) Peter R. Galvan M.D.Mailing Address 135 Ayshire Ct.City, State, Zip Slidell, LA 70461Name of Spouse (print full name) Alison Manders Galvan, M.D.Spouse's Occupation Office managerSpouse's Principal Business Address 550 Brownswitch Rd.City, State, Zip Slidell, LA 70458**Check all that apply:**

- ☒ I have filed my state income tax return for the previous year.  
☐ I have filed for an extension of my state income tax return for the previous year.  
☒ I have filed my federal income tax return for the previous year.  
☐ I have filed for an extension of my federal income tax return for the previous year.  
☐ I have filed for an extension of my federal income tax return for the previous year AND I am requesting an extension in filing my Tier 2 Personal Financial Disclosure.

**Certification of Accuracy**

I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.

  
Signature of FilerSworn to and subscribed before me this 10<sup>th</sup> day of May, 2012  
Notary Public (print name)  
Notary Public (signature)

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule A: Employment Information**☐ Check if not applicable☒ Filer ☐ Spouse ☒ Full-Time ☐ Part-TimeJob Title: Coroner of St. Tammany ParishName of Employer: Peter R. Galvan M.D.Address: 550 Brownswitch Rd.City, State, Zip: Slidell, LA 70458Job Description: Coroner☒ Filer ☐ Spouse ☒ Full-Time ☐ Part-TimeJob Title: Staff PhysicianName of Employer: Peter R. Galvan M.D. A Professional Medical CorporationAddress: 550 Brownswitch Rd.City, State, Zip: Slidell, LA 70458Job Description: Treating physician☐ Filer ☒ Spouse ☒ Full-Time ☐ Part-TimeJob Title: Office ManagerName of Employer: Peter R. Galvan M.D. A Professional Medical CorporationAddress: 550 Brownswitch Rd.City, State, Zip: Slidell, LA 70458Job Description: Manage day-to-day operations of the office☐ Filer ☒ Spouse ☐ Full-Time ☒ Part-TimeJob Title: Group exercise InstructorName of Employer: Cross Gates Family FitnessAddress: 200 N. Military Rd.City, State, Zip: Slidell, LA 70461Job Description: Aerobics instructor

- You are required to disclose employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule B: Positions - Business**☐ Check if not applicable☒ Filer ☐ Spouse ☐ BothAmount of Interest (amount exceeds 10%): 100 %Name of Business: Peter R. Galvan M.D. A Professional Medical CorporationAddress: 550 Brownswitch Rd.City, State, Zip: Slidell, LA 70458Business Description: Medical practiceNature of Association: owner/president☒ Filer ☐ Spouse ☐ BothAmount of Interest (amount exceeds 10%): 100 %Name of Business: Galcor IncorporatedAddress: 550 Brownswitch Rd.City, State, Zip: Slidell, LA 70458Business Description: Computer consultingNature of Association: Owner/president☒ Filer ☐ Spouse ☐ BothAmount of Interest (amount exceeds 10%): 50 %Name of Business: Florida Parishes HoldingsAddress: 550 Brownswitch Rd.City, State, Zip: Slidell, LA 70458Business Description: Land HoldingsNature of Association: Partner

\* You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

\* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

**LOUISIANA BOARD OF ETHICS**

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**Schedule C: Positions - Nonprofit**

☒ Check if not applicable

☐ Filer    ☐ Spouse

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

☐ Filer    ☐ Spouse

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

☐ Filer    ☐ Spouse

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
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Subdivisions, and/or Gaming Interests**☐ Check if not applicable☐ Filer ☐ Spouse ☒ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☒ Political Subdivision ☐ Gaming InterestName of Business (if applicable): Peter R. Galvan M.D. A Professional Medical CorporationName of Income Source: City of SlidellAddress: P.O. Box 828City, State, Zip: Slidell, LA 70459Amount of Income (exact dollar amount): \$ 53,236.02☐ Filer ☐ Spouse ☒ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☒ Political Subdivision ☐ Gaming InterestName of Business (if applicable): Peter R. Galvan M.D. A Professional Medical CorporationName of Income Source: City of SlidellAddress: P.O. Box 828City, State, Zip: Slidell, LA 70459Amount of Income (exact dollar amount): \$ 9,757.00☐ Filer ☐ Spouse ☒ Business (where amount of interest exceeds 10%)Type of Income: ☐ State ☒ Political Subdivision ☐ Gaming InterestName of Business (if applicable): Peter R. Galvan M.D. A Professional Medical CorporationName of Income Source: St. Tammany Parish GovernmentAddress: P.O. Box 628City, State, Zip: Covington, LA 70434-0628Amount of Income (exact dollar amount): \$ 1,260.00

\* You are required to complete SCHEDULE D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* The definitions for (and examples of) *political subdivision*, *gaming interest*, and *business* are found in the *Instructions Section* of this form.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule E: Income Received from  
Employment**☐ Check if not applicable☒ Filer ☐ Spouse ☒ Full-Time ☐ Part-TimeName of Source of Income: Peter R. Galvan M.D. A Professional Medical CorporationAddress: 550 Brownswitch Rd.City, State, Zip: Slidell, LA 70458Nature of Services Rendered  
(pursuant to such employment): Provide medical treatment to ill patientsAmount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)☒ Filer ☐ Spouse ☐ Full-Time ☐ Part-TimeName of Source of Income: St. Tammany Parish CoronerAddress: 550 Brownswitch Rd.City, State, Zip: Slidell, LA 70458Nature of Services Rendered  
(pursuant to such employment): Serve as coroner, with all the duties incumbent upon the officeAmount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)☐ Filer ☒ Spouse ☐ Full-Time ☐ Part-TimeName of Source of Income: Peter R. Galvan M.D. A Professional Medical CorporationAddress: 550 Brownswitch Rd.City, State, Zip: Slidell, LA 70458Nature of Services Rendered  
(pursuant to such employment): Office managerAmount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)

\* You are required to complete SCHEDULE E to disclose the income received by you or your spouse for each full-time or part-time employment position held.

\* Income that is reported on SCHEDULE D does not have to be restated on SCHEDULE E.

\* Income received through self-employment is reported on SCHEDULE F.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

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**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
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Employment**☐ Check if not applicable☐ Filer ☒ Spouse ☐ Full-Time ☐ Part-TimeName of Source of Income: Cross Gates Family FitnessAddress: 200 N. Military Rd.City, State, Zip: Slidell, LA 70461Nature of Services Rendered  
(pursuant to such employment): Aerobics instructorAmount of Income: ☒ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Source of Income: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Services Rendered  
(pursuant to such employment): \_\_\_\_\_Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Source of Income: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Services Rendered  
(pursuant to such employment): \_\_\_\_\_Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

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**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
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Business Interests**☐ Check if not applicable**AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:**

- ☐ Category I (less than \$5,000)      ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000)      ☒ Category IV (more than \$100,000)

☒ Filer      ☐ SpouseName of Business: American Express, Travel Related ServiceAddress: 200 VESEY STREETCity, State, Zip: NEW YORK, NY 10285Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: FIRST DATA MERCHANT SERVICES CORPAddress: PO BOX 6604City, State, Zip: HAGERSTOWN, MD 21741-6604Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: GILSBAR INCAddress: PO BOX 998City, State, Zip: COVINGTON, LA 70434-0998Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC

\*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

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\*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.



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- ☐ Category I (less than \$5,000)      ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000)      ☒ Category IV (more than \$100,000)

☒ Filer      ☐ SpouseName of Business: MEDCOM CARE MANAGEMENT INCAddress: 2100 COVINGTON CENTRECity, State, Zip: COVINGTON, LA 70433-2981Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: INSURANCE MANAGEMENT ADMINAddress: PO BOX 71120City, State, Zip: BOSSIER CITY LA 71171Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: VA FINANCIAL SERVICES CENTERAddress: PO BOX 149975City, State, Zip: AUSTIN TX 78714Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC

\*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

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- ☐ Category I (less than \$5,000)      ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000)      ☒ Category IV (more than \$100,000)

☒ Filer      ☐ SpouseName of Business: FIDELIS DIAGNOSTICS, INCAddress: 11601 WILSHIRE BLVD SUITE 500City, State, Zip: LOS ANGELES, CA 90025Nature of services rendered **OR**  
reason income was received: \_\_\_\_\_☒ Filer      ☐ SpouseName of Business: MUTUAL OF OMAHA INSURANCE COAddress: MUTUAL OF OMAHA PLAZACity, State, Zip: OMAHA, NE 68175Nature of services rendered **OR**  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: TIME INSURANCE COMPANYAddress: 501 W MICHIGAN STCity, State, Zip: MILWAUKEE WI 53203Nature of services rendered **OR**  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC

\*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

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- ☐ Category I (less than \$5,000)      ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000)      ☒ Category IV (more than \$100,000)

☒ Filer      ☐ SpouseName of Business: WPS TRICARE FOR LIFEAddress: PO BOX 8730City, State, Zip: MADISON, WISCONSIN 53708Nature of services rendered **OR**  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: UNITEDHEALTHCARE INSURANCE COAddress: 1003 BROAD ST #300City, State, Zip: JOHNSTOWN PA15906Nature of services rendered **OR**  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: ZENITH ADMINISTRATORS, INCAddress: 201 QUEEN ANNE AVE N STE 100City, State, Zip: SEATTLE WA 98109Nature of services rendered **OR**  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC

\*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

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- ☐ Category I (less than \$5,000)      ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000)      ☒ Category IV (more than \$100,000)

☒ Filer      ☐ SpouseName of Business: LOUISIANA WORKERS' COMENSATION CORPAddress: 2237 S ACADIAN THRUWAYCity, State, Zip: BATON ROUGE LA 70808Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: AETNA LIFE INSURANCE COMPANY MEDICAL SERVICESAddress: 151 FARMINGTON AVENUE ASB1City, State, Zip: HARTFORD CT 06156Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: MONUMENTAL LIFE INSURANCE COPANYAddress: 4333 EDGEWOOD ROAD NECity, State, Zip: CEDAR RAPIDS IA 25499Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC

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- ☐ Category I (less than \$5,000)      ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000)      ☒ Category IV (more than \$100,000)

☒ Filer      ☐ SpouseName of Business: SPECIALTY RISK SERVICES, LLCAddress: 55 FARMINTON AVECity, State, Zip: HARTFORD CT 06105Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: PGBA LLCAddress: PO BOX 100156City, State, Zip: COLUMBIA SC 29202-3156Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: CIGNA HEALTHCARE BENEFITS, INCAddress: 900 COTTAGE GROVE RDCity, State, Zip: HARTFORD CT 06152Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC

\*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

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☐ Category III (\$25,000-\$100,000)      ☒ Category IV (more than \$100,000)

☒ Filer      ☐ SpouseName of Business: UMR INCAddress: 1003 BROAD ST #300City, State, Zip: JOHNSTOWN PA 15906-2445Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: MEDICAL DEVELOPMENT INT'LAddress: 90 FORT WADE ROADCity, State, Zip: PONTE VEDRA FL 32081Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: HUMANA INCAddress: PO BOX 740083City, State, Zip: LOUISVILLE, KY 40202Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC

\*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

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- ☐ Category I (less than \$5,000)      ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000)      ☒ Category IV (more than \$100,000)

☒ Filer      ☐ SpouseName of Business: HEALTHCARE SERVICE CORPAddress: PO BOX 655730City, State, Zip: DALLAS TX 75265-5730Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: SEDGWICK CLAIMS MANAGEMENT SERVICES INCAddress: 1100 RIDGEWAY LOOPCity, State, Zip: MEMPHIS TN 38120Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: WINN-DIXIE STORES INCAddress: 5050 EDGEWOOD CTCity, State, Zip: JACKSONVILLE FL 32099Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC

\*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

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- ☐ Category I (less than \$5,000)      ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000)      ☒ Category IV (more than \$100,000)

☒ Filer      ☐ SpouseName of Business: PALMETTO GBAAddress: 2300 SPRINGDALE DRCity, State, Zip: CAMDEN SC 29020Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: FIRST HEALTH SETTLEMENT FUNDAddress: PO BOX 60600City, State, Zip: NEW ORLEANS, LA 70160Nature of services rendered OR  
reason income was received: \_\_\_\_\_☒ Filer      ☐ SpouseName of Business: HMO LOUISIANAAddress: PO BOX 98029City, State, Zip: BATON ROUGE, LA 70898Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC

\*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

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☐ Category III (\$25,000-\$100,000)      ☒ Category IV (more than \$100,000)

☒ Filer      ☐ SpouseName of Business: SOUTHERN NATIONAL LIFE INSURANCE COAddress: PO BOX 98029City, State, Zip: BATON ROUGE, LA 70898Nature of services rendered **OR**  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: LOUISIANA HEALTH SERVICE AND INDEMNITY COAddress: PO BOX 98029City, State, Zip: BATON ROUGE, LA 70898Nature of services rendered **OR**  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: LOUISIANA HEALTH SERVICE AND INDEMNITY COAddress: PO BOX 98029City, State, Zip: BATON ROUGE, LA 70898Nature of services rendered **OR**  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC

\*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule F: Income Received from  
Business Interests**☐ Check if not applicable**AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:**

- ☐ Category I (less than \$5,000)      ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000)      ☒ Category IV (more than \$100,000)

☒ Filer      ☐ SpouseName of Business: OFFICE OF GROUP BENEFITSAddress: PO BOX 44036City, State, Zip: BATON ROUGE, LA 70804Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: FLOWERS BAKING COAddress: 132 N BROAD STCity, State, Zip: THOMASVILLE, GA 31792Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: COVENTRY MANAGEMENT SERVICES INCAddress: PO BOX 30111City, State, Zip: SALT LAKE CITY, UT 84130Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC

\*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule F: Income Received from  
Business Interests**☐ Check if not applicable**AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:**

- ☐ Category I (less than \$5,000)      ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000)      ☒ Category IV (more than \$100,000)

☒ Filer      ☐ SpouseName of Business: PINNACLE BUSINESS SOLUTIONS, INCAddress: 515 W PERSHING BLVDCity, State, Zip: NORTH LITTLE ROCK AR 72114Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: GOLDEN RULE INSURANCE COAddress: 712 ELEVENTH STREETCity, State, Zip: LAWRENCEVILLE, IL 62439Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC☒ Filer      ☐ SpouseName of Business: CLAIMS MANAGEMENT INCAddress: 922 WEST WALNUT SUITE BCity, State, Zip: ROGERS AR 72756Nature of services rendered OR  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC

\*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule F: Income Received from  
Business Interests**

☐ Check if not applicable

**AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:**

- ☐ Category I (less than \$5,000)      ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000)      ☒ Category IV (more than \$100,000)

☒ Filer      ☐ Spouse

Name of Business: BCBSM INC

Address: PO BOX 64560

City, State, Zip: ST PAUL MN 55164

Nature of services rendered **OR**  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC

☒ Filer      ☐ Spouse

Name of Business: HEALTHSCOPE BENEFITS, INC

Address: 27 CORPORATE HILL DRIVE

City, State, Zip: LITTLE ROCK AR 72205

Nature of services rendered **OR**  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC

☒ Filer      ☐ Spouse

Name of Business: SAMBA

Address: 11301 OLD GEORGETOWN RD

City, State, Zip: ROCKVILLE, MD 20852

Nature of services rendered **OR**  
reason income was received: MEDICAL SERVICES PROVIDED BY PETER R. GALVAN MD APMC

\*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule G: Other Income**☐ Check if not applicable (any other income that exceeds \$1,000 from each source)☒ Filer ☐ SpouseDescription of Income: MEDICAL CONSULTINGNature of services rendered or reason income was received: REVIEWING LEGAL CASES, DEPOSITIONS, TESTIMONY, TRIAL PREP, EXPERT WITNESS FEESAmount of Income: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Description of Income: \_\_\_\_\_

Nature of services rendered or reason income was received: \_\_\_\_\_

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Description of Income: \_\_\_\_\_

Nature of services rendered or reason income was received: \_\_\_\_\_

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

\*You are required to complete SCHEDULE G if you or your spouse received any other type of income that exceeded \$1,000 from any one source.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\*You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.

\*Income that is reported on SCHEDULE D, E, or F does not have to be restated on SCHEDULE G.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule H: Immovable Property**

(a property that exceeds \$2,000 in value)

☐ Check if not applicable☐ Filer ☐ Spouse ☒ Both**Location of Property**Country: USA State: LOUISIANA Parish/County: ST. TAMMANY

Description of Property:

FAMILY HOMEFair Market or  
Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☒ Both**Location of Property**Country: USA State: LOUISIANA Parish/County: ST TAMMANY

Description of Property:

10 ACRES IN PEARL RIVER SWAMPFair Market or  
Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☒ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☒ Both**Location of Property**Country: USA State: ALABAMA Parish/County: BALDWIN

Description of Property:

CONDOMINIUM IN GULF SHORESFair Market or  
Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)

\* You are required to disclose the location by country, state, and parish/county.

\* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule H: Immovable Property**

(a property that exceeds \$2,000 in value)

☐ Check if not applicable☐ Filer ☐ Spouse ☒ Both**Location of Property**Country: USA State: LOUISIANA Parish/County: ST. BERNARD**Description of Property:**1/3 OWNERSHIP OF ST BERNARD MARSHLANDFair Market or Use Value: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☒ Both**Location of Property**Country: USA State: MISSISSIPPI Parish/County: PEARL RIVER**Description of Property:**50 % OWNERSHIP OF 65 ACRES IN MISSISSIPPIFair Market or Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☒ Both**Location of Property**Country: USA State: LOUISIANA Parish/County: ST TAMMANY**Description of Property:**50 % OWNERSHIP OF 80 ACRES IN ST. TAMMANY PARISHFair Market or Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)

\* You are required to disclose the location by country, state, and parish/county.

\* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule H: Immovable Property**

(a property that exceeds \$2,000 in value)

☐ Check if not applicable☐ Filer ☐ Spouse ☒ Both

## Location of Property

Country: USA State: LOUISIANA Parish/County: ST TAMMANY

## Description of Property:

UNDEVELOPED LAND -- 4.26 ACRES IN PEARL RIVERFair Market or  
Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☒ Both

## Location of Property

Country: USA State: LOUISIANA Parish/County: ST TAMMANY

## Description of Property:

160 ACRES IN FRITCHIE MARSHFair Market or  
Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

## Location of Property

Country: \_\_\_\_\_ State: \_\_\_\_\_ Parish/County: \_\_\_\_\_

## Description of Property:

Fair Market or  
Use Value: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

\* You are required to disclose the location by country, state, and parish/county.

\* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)



**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule I: Investment Holdings**

☒ Check if not applicable

(an investment holding that exceeds \$5,000)

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

\* You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

\* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

\* You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule K: Liabilities**☒ Check if not applicable**(a liability that exceeds \$10,000)**☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

**\*You are required to complete SCHEDULE K if you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.**

**\*You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.**

**\*You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.**

**\*You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.**

**\*You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).**

**\*You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.**

**\*"Consumer Credit Transaction" means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq, R.S. 9:3516(13).**

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule J: Transactions**☒ Check if not applicable

(a transaction that exceeds \$5,000)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

\* You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (which exceeds \$5,000 each).

\* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule L: Other Offices/Positions Held**

☐ Check if not applicable

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

\*You are required to complete SCHEDULE L if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule M: Positions - Business**

☒ Check if not applicable (to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

☐ Filer ☐ Spouse ☐ Both

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Description: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Amount of Interest: \_\_\_\_\_ %

☐ Filer ☐ Spouse ☐ Both

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Description: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Amount of Interest: \_\_\_\_\_ %

☐ Filer ☐ Spouse ☐ Both

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Description: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Amount of Interest: \_\_\_\_\_ %

\* You are required to complete SCHEDULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose information related to ownership interest in a business regardless of the percentage of ownership.

\* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

\* Information disclosed on SCHEDULE B does not have to be restated on SCHEDULE M.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule N: Income from the State  
and/or Political Subdivisions**☒ Check if not applicable(to be completed by members of the Ethics Adjudicatory Board and  
Ethics Board, and the administrator of the Ethics Administration)☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

\* You are required to complete SCHEDULE N if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose all income received by a business in which you or your spouse received regardless of the percentage of ownership in the business.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* Information disclosed on SCHEDULE D does not have to be restated on SCHEDULE N.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule O: Income from a  
Governmental Entity**

☒ Check if not applicable

(to be completed by members of the Ethics Adjudicatory Board and  
Ethics Board, and the administrator of the Ethics Administration)

☐ Filer ☐ Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

\* You are required to complete SCHEDULE O if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose the name of each governmental entity from which you or your spouse derives a "thing of economic value" through a contract or subcontract involving a governmental entity, including the Louisiana Insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, Louisiana Citizens Property Insurance Corporation, the Property Insurance Association of Louisiana, and any other quasi-public entity.

\* You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived.

\* "Thing of Economic Value" means money or any other thing having economic value. The complete definition of "thing of economic value" can be found at La. R.S. 42:1102(22).